

\$ 3765

In re application of: Cynthia H. NORDNESS, et al.

Serial No.: 10/021,901

Filed: 13 December 2001

For: PERMEABLE, CLOSE TO THE BODY LINER FOR SWIMWEAR

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a verified statement previously submitted.

A verified statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

No additional fee is required.

The fee has been calculated as shown below:

	(Col.1)		(Col.2)	(Col.3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	33	MINUS	48	
INDEP. 4 MINUS 3 1				
FIRST PRESENTATION OF MULTIPLE DEPEN. CLAIM				

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, in an envelope addressed to: Commissioner of Patents, P.O. Box 1450, Alexandria, Virginia, 22313-1450, on

29 OCTOBER 2003

Melanie I. Rauch
Signature

10/29/03
Date of Signature

RECEIVED NOV 06 2003 TECHNOLOGY CENTER R3700	SMALL ENTITY	
	RATE	ADD'L FEE
	x 09 = \$	
	43 = \$	
	+ 145 = \$	
	TOTAL ADD'L FEE	\$
OR		
OTHER THAN A SMALL ENTITY		
OR		
RATE		ADD'L FEE
x 18 = \$		
x 86 = \$86.00		
+ 290 = \$		
TOTAL		\$86.00

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

Please charge my Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is attached.

A check in the amount of \$ 86.00 is attached.

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-3550. A duplicate copy of this sheet is attached.

Any filing fees under 37 C.F.R. 1.16 for the presentation of extra claims.

Any patent application processing fees under 37 C.F.R. 1.17

Respectfully submitted,

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